A.F.C. RESIDENT MEDICATION RECORDBureau of Children and Adult Licensing Michigan Department of Human Services

| Medication Name And Instructions For Use | Time Of Day | Re | side | nt N | lam | e: | | | | | | | | | | | | Мо | nth: | | | | Year: | | | | | | | | | |
|--|-------------|----|------|------|-----|----|---|---|---|----|----------|-------|-----------------|------------------|------|-------|----------|--------|----------|------|------|-----|-------|------|-------|-------|-------|-------|-------------|------------------------|----|-----------------|
| | | | | | | | | | | | | | | DAY OF THE MONTH | | | | | | | | | | | | _ | | | | | | |
| matructions for osc | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | М |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $\vdash \vdash$ | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | | $\vdash \vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $\vdash \vdash \vdash$ | | $\vdash\vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $\vdash \vdash \vdash$ | | $\vdash\vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \longmapsto | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \longmapsto | | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | \longmapsto | | $\vdash\vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | $\vdash\vdash$ | | $\vdash\vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $\vdash \vdash$ | | \vdash |
| | | | | | | | | | | | | | | <u> </u> | | | <u> </u> | | <u> </u> | _ | | | | | | | | | | Ш | | Щ |
| Medication Name (Single Dose Only) | Time of Day | | | | | | | | | | | | | | | | THE | | | | | | | | | | | | | | | |
| (Siligle Dose Olly) | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | \longmapsto | | $\vdash \vdash$ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | \sqcup | | \sqcup |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ш | | Ш |
| Signature and Initials of Each Person Signing Initials Above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Human Services (DHS) will not discriminate against any individual or group because of | | | | | | | | | | f | | | | | | | | | | | | | | | | | | | | | | |
| race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender | | | | | | | | | | | | |)RIT\ FTI(| | | | | ilv Ho | me a | nd G | roup | Hom | e Rul | e Re | auire | ments | : | | | | | |
| identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in | | | | | | | | | | Ъг | | TY: \ | /iolati | on of | Rule | R 40 | | | | | | | | | | | 400.1 | 15312 | (4) | | | |
| Inder the Americans with disabilities Act, you are invited to make your needs known to a DHS office in your area. | | | | | | | | | | | ' | | (| Group | Hon | ne Ru | ıles | | | | | | | | | | | | | | | |